Proposed 2005-07 Policy Initiative

Name of Initiative	Health Disparities and Infant Mortality
Sponsor	Health Disparities
Lead Staff	Tara Wolff
Other Committees	
Summary	Racial/ethnic disparities exist in infant mortality rates in Washington State. The average infant mortality rate (deaths per 1000 children under age 1 year) in Washington is 5.6, but for American Indian/Alaska Natives it is 8.9 and for Blacks it is 11.2 (twice the state average). Convene experts in the field to (1) examine these issues; (2) highlight effective strategies, policies, and models of good practice; and (3) develop action plan.
SHR Strategic Direction	☐ Maintain and improve the public health system ☒ Ensure fair access to critical health services ☒ Improve health outcomes and increase value ☒ Explore ways to reduce health disparities ☐ Improve nutrition and increase physical activity ☒ Reduce tobacco use ☒ Safeguard environments that sustain human health
Governor's Initiatives	☐ Cost Containment ☐ Cover all Kids by 2010 ☒ Healthiest State in the Nation
Possible Partners	Department of Heath Department of Social and Health Services – MAA, DASA Local Health Jurisdictions – Public Health Nursing Directors University of Washington – Schools of Medicine and Nursing Washington Association of Family Practitioners Midwives Association of Washington State Washington State Nursing Association Health Care Facilities (ie VA, GHC, etc.) NW Regional Primary Care Association Washington Hospital Association American Indian Health Commission for Washington State Mary Mahoney Professional Nurses Organization Washington State Association of Black Professionals in Health Care Washington State Medical Association Washington State Dietetic Association American College of ObGyn – Washington State Chapter American Academy of Pediatricians Washington Association of Community and Migrant Health Centers Chair and Co-Chair of Joint Select Committee on Health Disparities
Criteria	☒ Does the issue involve multiple agencies?

	☒ Can a measurable difference be made? ☒ Prevalence, Severity and availability of interventions ☒ Level of public input/demand ☒ Does it involve the entire state? ☒ Does the Board have statutory authority? ☒ Do the resources exist to deal with the issue? ☒ Does the Board have a potentially unique role?

Problem Statement

Racial/ethnic disparities exist in infant mortality rates (IMR) in Washington State. The average infant mortality rate (deaths per 1000 children under age 1 year) in Washington is 5.6, but for American Indian/Alaska Natives it is 8.9 and for Blacks it is 11.2 (twice the state average). These disparities have persisted over time, despite the fact that Washington's infant mortality rate has, on-the-whole, declined over the past decade. The causes of this trend are complex and multi factored.

According to PRAMS data (from King County 1999-2001) African American and American Indian/Alaska Native mothers report far more stressful life events in the year before delivery than white mothers. They are far more likely to change residences, argue with partners more than usual, have bills they could not pay, separate or divorce from a partner, have a partner who indicated he didn't want the pregnancy, lose a job, be in jail or homeless, and report five or more stressful life events. Stress has been associated with higher risk of premature birth.

The three leading causes of infant death in Washington in 2001 were congenital anomalies, SIDS, and short gestation/low birth weight. In 2003, the singleton (one baby) low birth weight (LBW) rate was highest for African Americans. In fact, between 1990 and 2003, the singleton LBW among African Americans remained at twice the rate of whites. According to a survey by the National Institute of Child Health and Human Development, African-American infants are twice as likely to be placed on their stomachs and three times more likely to die of SIDS. SIDS is the number one cause of post neonatal death in the nation. In Washington State, SIDS rates are down, there was a 15 percent drop from 1995-96 which can largely be attributed to the Back to Sleep campaign, launched in 1994. Cases in Washington fell from 101 in 1995, to 81 in 1996.

Poverty and racism cannot be ignored as contributing factors affecting most health issues. Economic resources and health are closely related. The disproportionate burdens of poverty and low education are seen in Washington. The 2000 US Census shows that in Washington, more than 25 percent of American Indians and Alaska Natives live in high poverty areas as compared to less than 20 percent of African Americans and about 10 percent of Asians. Black Americans still get far fewer operations, tests, medications, and other life-saving treatments than whites, despite years of efforts to erase racial disparities in health care and help African Americans live equally long and healthy lives, according to three major studies published in 2005.

Potential Strategies

Communities across the state have taken various approaches to addressing these issues in an attempt to lower infant mortality rates. However, since health disparities persist for African American and Native American infants in Washington State, it may be useful to convene experts in the field to (1) examine these issues; (2) highlight what is known,

where knowledge gaps exist, and identify effective strategies, policies, and models of good practice; and (3) create a blue print for action.

Criteria

Does the issue involve multiple agencies?
Yes see list above.

Can a measurable difference be made?
Yes, data from PRAMS and data from linked birth and death certificates could be used to measure differences—depending on the type of measures selected for monitoring outcomes.

Prevalence, Severity and availability of interventions
The average IMR in Washington is 5.6, but for American Indian/Alaska Native it is 8.9 and for Blacks it is 11.2 (twice the state average). Over 70,000 babies are born each year in Washington State.

Level of public input/demand
Much interest in this topic was expressed by members of the Joint Select Committee (chaired by Senator Franklin).

Does it involve the entire state?
Yes.

Does the Board have statutory authority?
None needed. However, the Board governs the rules concerning birth and death certificates.

Do the resources exist to deal with the issue?
Yes, depending on other priority project assignments.

Does the Board have a potentially unique role?
Yes, as a convener.